

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT T

Example: If typing, type
over the lines.

14 JUL 18 AM 10:21
1242415

Bob Quast for Term Limits, Inc.

ADDRESS (number and street)

P.O. Box 8

Check if different
than previously
reported. (ACC)

Davenport

IA

52805

2. FEC IDENTIFICATION NUMBER T

CITY ¹

STATE ¹

ZIP CODE ¹

STATE T DISTRICT

C00562769

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

IA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

02 22 2014

through

06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael J. Roelens, Sr.

Signature of Treasurer



Date

07 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

Office
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FEC FORM 3
(Revised 02/2003)

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